

*Understanding the Connecticut
DMR Home and Community
Based Services Waivers:*

A Guidebook for Consumers and Their Families



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DEPARTMENT OF MENTAL RETARDATION
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Acknowledgements

The Department of Mental Retardation (DMR) developed this guidebook to explain the department's new Medicaid Waiver System to the individuals and families we support. This guide introduces some very complex information in a format that is easy to understand. We hope that families will use this guide to assist their family members to make informed decisions about the supports and services they receive.

We would like to thank the following individuals for their assistance in developing this guide. Their assistance was invaluable.

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The department is interested in hearing suggestions about how we can provide written information in accessible and easy-to-understand formats to people with intellectual disabilities. Please contact Robin Wood, DMR Self-Determination Director at (203) 806-8770 or robin.wood@po.state.ct.us to share your thoughts and ideas.

Hello!

I am pleased to share this guide entitled, ***Understanding the Connecticut DMR Home and Community Based Services Waivers: A Guidebook for Consumers and their Families***. This guide is designed to help you better understand the services and supports that can be funded through the **Medicaid Home and Community Based Services (HCBS) Waivers**. It provides information that will help you to access and maintain needed services and supports.

The department is committed to helping people with intellectual disabilities live **full, satisfying, and safe** lives in their communities. We understand how important it is for you to be able to **choose how you want to live your life**.



DMR has developed systems that will offer you more **choice and control** over the services and supports you receive from the department.

You may read through the entire guide or just review those sections that contain the information you are most interested in. And, always remember to **contact your DMR case manager** if you have any questions.

A handwritten signature in blue ink that reads "Peter H. O'Meara". The script is cursive and fluid.

Peter H. O'Meara, Commissioner
CT DEPARTMENT OF MENTAL RETARDATION

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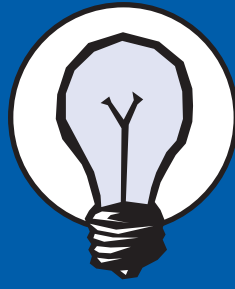
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SECTION 1

Introduction and Background Information on DMR and Medicaid HCBS Waivers

*This section of the guide provides you with
important background information about*
Medicaid HCBS Waivers.

It also provides a description of the
Foundation of Beliefs
*that guide the design and delivery of
all services provided at DMR.*

And the
Basic Service Elements
that can be found in all waiver services.

Medicaid HCBS Waivers

In order to expand options for supports and services, Connecticut operates two **Medicaid HCBS Waivers**. Both waivers are specifically designed to assist individuals with intellectual disabilities. By participating in these Medicaid Waiver programs, the State and DMR are eligible for reimbursement from the federal government for about 50% of the cost for services. This allows DMR to provide more services to more people who are in need of support.

Medicaid is a federal program originally designed to provide medical care and institutional services for people with disabilities. It has a number of rules that restrict how services can be delivered. The HCBS Waivers are arrangements that DMR has with the Medicaid Program (federal government) to have some of the Medicaid rules “waived” so that you can have more choice about how and where you receive services. For most of the services DMR provides, State statute requires people to enroll in a waiver so the State can get the federal reimbursement for those services. More information about this is provided in Section 2 of this guide.

DMR operates two HCBS Waivers, the **Comprehensive Waiver** and the **Individual and Family Support Waiver**. The services provided under each waiver are similar, but there are some differences.

The **COMPREHENSIVE WAIVER** is used to provide services to individuals who live in licensed **Community Living Arrangements (CLA)**, **Community Training Homes (CTH)** or in **Assisted Living Facilities**. It can also be used to provide services to individuals who live in their own homes or in their family homes and who are in need of a **comprehensive level of supports**, usually because of significant physical, behavioral or medical support needs.

The **INDIVIDUAL AND FAMILY SUPPORT WAIVER** is designed to support individuals who live in their **own homes** or in their **family homes** and receive **less extensive supports** that typically cost less than \$50,000.

more choices



*“I may not understand everything about the waivers, but it seems to me that the new waivers mean we have **more choices** and I’m all for that!”* CHAVIS CHAPPELL, Consumer

Our Foundation of Beliefs

The design of **DMR's Medicaid HCBS Waivers** is based upon a foundation of beliefs that have evolved from the DMR mission, Self Determination principles, and the HCBS Quality Framework.

EASY ACCESS

We want you to be able to find and get the supports you need in as easy a manner as possible. This guide will help you understand what supports are available and how to get the services you need.

RELATIONSHIPS

We want you to receive the supports that you and your planning team members say you like and need and which help you develop the kinds of relationships you may require to make progress toward achieving your dreams.

CREATIVE, FLEXIBLE, EFFECTIVE SUPPORTS

We want you to receive supports that are creative and effective so that your individual needs are met in the best and most cost efficient way possible. We also want to provide services that are flexible so that supports can change as your needs change.

CHOICE & CONTROL

Most of all, we want you to feel that you are a respected, valued, and an equal partner in the design and delivery of the supports that are provided to you. We aim to create fair and equitable systems, which support your role as an effective decision-maker.

HEALTH & SAFETY

It is DMR's responsibility to ensure that all of the waiver supports you receive help to keep you healthy and safe, while also respecting your desire for choice and control. To help maintain this balance, we offer a high quality system of supports. These supports will minimize health and safety risks while allowing you to make informed choices, try new experiences, take reasonable risks, and assume new challenges in your life.

Basic Service Elements

Some **common service elements** must be included in all waiver supports and services provided by DMR. These common service elements are described below:

CASE MANAGEMENT

All individuals receiving waiver services are assigned a DMR case manager. Your case manager is there to help you plan for and get the services and supports you need.

Your case manager can assist you in the following ways:

- **HELP YOU** find out about your choices and options for services and supports.
- **HELP YOU** with planning and preparing your budget.
- **HELP YOU** arrange your supports and services.
- **HELPS** with necessary documentation.
- Once you are getting services, **CHECK TO** make sure they are meeting your needs and that you are happy with them.
- **HELP YOU** to make changes to your plan and budget if your situation changes.
- **HELP YOU** by advocating on your behalf if you need it.

INDIVIDUAL PLANNING

All individuals who receive waiver services and supports funded by DMR have an **Individual Plan (IP)**. Your IP includes important information about you, the outcomes you want, and the steps you and your team need to take to get there. Your plan also outlines your support needs. You and your **Planning and Support Team or Circle of Support** create plans. Usually, the people on your planning team or circle include you, your guardian (if you have one), your DMR case manager, and other people whom you choose. This can include family members or friends; staff from home, work, or day programs; therapists or nurses; or anyone else you like and whose opinion you value.

DMR has an IP format that must be used to document your plan for supports and services. This individual planning format replaced DMR's Overall Plan of Service (OPS). Your case manager can provide you with a copy of the new IP forms or you may find the forms on the DMR Website at **www.dmr.state.ct.us**.

It is important that you stay in frequent contact with your case manager, especially if your needs change or you think you may require different supports in the future.

INDIVIDUAL BUDGETS

All individuals receiving waiver supports have individual budgets. Your individual budget is the amount of money DMR allocates to you for supports for a year. The amount of money is based on the results of your Level of Need Assessment and your support needs outlined in your plan.

Your case manager will work with you to craft a plan for supports that includes a combination of **natural supports from family and friends, community supports, Medicaid supports, HCBS Waiver supports, and DMR state-funded supports**. All five types of support are important and will be woven together in a plan that can best meet your needs and reflect your personal preferences.

more choices



"Things at DMR can be very confusing. I like when people break things down and use easy to understand words."

CAROL GRABBE, Consumer

DOCUMENTATION

Nobody likes paperwork, but unfortunately, documentation is required in order to access and use state and federal funds. DMR must assure that HCBS Waiver funds are used appropriately and in a fashion that meets federal and state requirements. There are different documentation requirements depending upon the types of services you select and the methods you use for managing them. You can always ask your case manager to assist you with any paperwork that you are required to complete.

QUALITY ASSURANCE AND IMPROVEMENT

The department wants to make sure that you are satisfied with the services and supports that you receive, and that those supports are helping you move toward the outcomes that are in your Individual Plan. If you are receiving waiver supports, you will be expected to participate in some or all of the following quality monitoring processes: Consumer Satisfaction Interviews and Surveys, Case Manager Reviews, Regional Quality Reviews, Quality Service Reviews. All of these review processes help DMR to ensure that the services we provide through the waiver help you to lead a **full, satisfying, and safe life**.

A Personal Story



Haley: Living the Life She Chooses

IN THE PAST, Haley spent most of her life in institution and group home placements in Connecticut. Diagnosed with severe mental retardation and pervasive developmental disorder, Haley was not seen as able to function outside of the care that was provided to her in those settings. But this was not what Haley wanted. The staff changes and lack of control over events that happened in her group home environment often made her anxious and upset.

Now, with the new supports that DMR has to offer, Haley has achieved a self-determined life that brings her comfort and satisfaction.

HALEY'S CURRENT LIFE

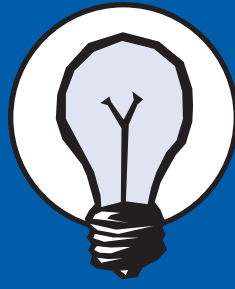
Haley lives in her own condominium with a separate room and bathroom facilities for her staff. She has a small sitting room that is only for her personal use, and she uses it when she is feeling upset or unwell. Her brother has helped with some of the major modifications to the bathroom to accommodate her needs. Haley is proud of her home.

Haley has staff to help her with personal care, and a teacher who comes to her home to help her practice her communication skills on her computer. Haley's mother helps with the hiring process, but Haley is the one who has the final say in who she wants to hire for her personal supports. She now has good relationships with all her staff and trusts them to help when she goes out in the community.

The supports Haley receives are designed and delivered with the help of her dedicated family, a chosen circle of support, community supports, and waiver supports from the DMR Medicaid HCBS Waiver program.

These supports allow her choice and control and are creative, flexible, and effective. They support the important relationships in Haley's life and help ensure that she is healthy and safe.

Haley and her mother both say they are "never looking back"!



SECTION 2

How to Access and Receive Waiver Supports

This section of the guide provides an explanation of
DMR Eligibility.

It also explains how your
Priority Checklist and the
Level of Need Assessment
is determined and how the

Planning and Resource
Allocation Process
decides what resources are allocated to you.

Medicaid HCBS Waiver Eligibility
is also explained in this section of the guide.

DMR Eligibility

In order to receive waiver services, you must first be eligible to receive services from DMR.

To be eligible to receive services from DMR, a person must:

- **BE A RESIDENT OF CONNECTICUT**
- **HAVE MENTAL RETARDATION**
as defined in Connecticut General Statutes 1-1g (see Eligibility Fact Sheet: <http://www.dmr.state.ct.us/eligible.htm> for definition),
OR
- **HAVE A MEDICAL DIAGNOSIS OF PRADER-WILLI SYNDROME.**
Prader-Willi Syndrome is a neurobehavioral genetic disorder, a physician, using medically appropriate criteria, must make the diagnosis.

Once you are found to be eligible for DMR services, the department will assign you to one of the **DMR Regions**, based on where you live. The region will then assign a case manager to help you to identify the services that you need and review what supports are currently available.

If the department cannot provide you with case management or other DMR services right away, you will be placed on a list for case management, and if needed, on the Waiting List for other DMR services.



To Apply for Eligibility for DMR Services

Call 1-866-433-8192

Priority Checklist and the Level of Need Assessment

After you have been determined eligible for DMR services, you will be assigned a case manager. If you have a need for in-home, residential, day or vocational services and supports, your case manager will help you complete a **Request for Service**. In addition, the case manager will complete a **Priority Checklist** that helps to determine how soon you will need services. The Priority Checklist helps determine if your needs are an emergency that should be addressed as soon as possible, a priority that should be met within a year or so, or is a need that can be addressed at a later point in time.

Finally, DMR will determine your **Level of Need (LON)** using a process that looks at your individual level of independence, the supports you already have, what supports you need, and other important aspects of your life. The LON process helps the department to

give people their fair and equal share of the resources we have. This information is used to **plan ahead** for the amount of funds you or your family may be eligible for if you are offered an opportunity to apply for a DMR waiver. The Waiting List Assessment tool is used now to determine a person's Level of Need. A new tool will be introduced next year.

Your case manager will complete the LON Assessment with information you and others provide to determine what your funding needs would be based on today's circumstances. This will be updated every year, or whenever your needs may have changed because of some change in your life.

The case manager then gives the **Request for Service**, the **Priority Checklist**, and the **Level of Need Assessment** to the **Planning and Resource Allocation Team (PRAT)**.

The Planning and Resource Allocation Team

Each DMR Region has a PRAT that will review your information and assign a priority to your request for services. Your case manager will help you complete the forms that you need and send them to the PRAT.

All of the necessary resources may not be available right away, so the PRAT may use the information to place you on the Waiting List. When resources are available, individuals in emergency situations will be considered first.

The Planning and Resource Allocation Team, CONTINUED

After that, resources will be allocated based on the priority level of people on the Waiting List.

For example, a person who applies for DMR services with immediate health and safety needs and does not have family or other community supports that can help meet those needs would qualify as an “emergency.” The PRAT would give this situation the highest priority for making resources available, when possible.

When you and your case manager are notified that resources are available, your assigned LON will determine the initial range of funding assigned or the type of service available for you. If those resources are expected to meet your projected needs for supports, you will be asked to enroll in one of the DMR HCBS Waivers at the same time. Enrollment in a DMR waiver requires that you apply for and be found eligible for Medicaid if you are not already. Your case manager can explain what this involves.

If you do not want to be enrolled in a waiver, you will not be able to get the services and/or funding set aside for you. Then you would only be eligible for state funds, which are **VERY LIMITED** and are used mostly to obtain respite and other family supports. That is why DMR will make every effort to help you become eligible for waiver enrollment.

The amount of resources planned for you can be adjusted if there are other important factors not reflected by the LON process. If you request services with costs exceeding your funding ranges, the PRAT will review your request and send it on to regional and statewide Utilization Review Committees, if needed.

Requests for extra funding that exceed your approved level will ONLY be approved to address health and safety needs. All decisions are made in writing and include an opportunity to appeal. Information about appeal processes can be found under Rights and Responsibilities in Section 4 of this guide.

Your case manager can help you complete the required forms . . .

Medicaid HCBS Waiver Eligibility

If you are eligible to apply for one of the HCBS Medicaid Waivers, **DMR will help you through the application process.** Being enrolled in one of the waivers will help you create a package of services that is right for you.

To be eligible for either of the waivers, you must:

- **ALREADY BE ELIGIBLE FOR MEDICAID**, or be determined to qualify for Medicaid
- **HAVE INCOME** and assets no greater than the guidelines set by the Department of Social Services
- **HAVE NEEDS** that can be met through a waiver so that you do not have to live in an institution (ICF/MR) or Nursing Home to have your support needs met
- **NEED WAIVER SUPPORTS** in addition to the supports that you already have to lead a safe and healthy life in the community. These other supports can include DMR state-funded services, Medicaid state plan services, community/generic services, and natural supports such as your family or friends.

Some people have a lot of questions about applying for Medicaid (Title 19). Your case manager will give you a **Medicaid Fact Sheet** that answers some commonly asked questions.

Remember, it is important that you work with your case manager to apply for Medicaid and enroll in an HCBS Waiver when asked to do so. If you don't, you will not be eligible for the day, vocational, in-home, residential, or other HCBS Waiver supports you may need.



A Personal Story



John: Moving Ahead

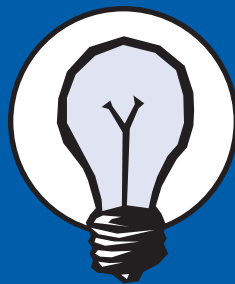
IN THE RECENT PAST, John was at a place in his life where he was anticipating many changes. He was looking forward to the day he would graduate from high school, his parents were planning to retire and move to a smaller home, and his older brother was preparing to go to college in another state. Throughout his life, John's family was able to provide him with wonderful support for his personal care and emotional needs. As he grew and moved toward adulthood, John and his mom and dad knew they had to find new ways to meet his needs.

WITH HELP, from the DMR transition staff, John was able to establish his eligibility for DMR services. With the help of his newly assigned case manager, John completed all the paperwork needed so that the Planning Resource Allocation Team could assign him a Level of Need and a priority rating. Due to his health needs and the age and health needs of his parents, John was allocated funding to purchase Individual and Family Support Waiver services.

JOHN'S CURRENT LIFE:

John and his parents used the funding to hire an agency to provide vocational supports to help John get the kind of job that he wanted. John has always loved anything to do with cars. He found a job working at a local garage two mornings a week with the assistance of a newly hired staff person. John and his parents also used their funding to hire their own staff to assist John in maintaining his life with his family.

These services allowed John to learn new skills and provided valuable relaxation time for both John, his parents, and his other family members.



SECTION 3

Choosing the Waiver Services that are Right for You

*This section of the guide provides
information needed when*

Choosing Your Waiver Supports.

It lists the

Waiver Service Options

and explains the different

Hiring Choices

that you will need to make.

It also explains the

Staff Qualifications

*that all individuals who provide waiver services must meet,
in order to be able to provide supports to you.*

Choosing Your Supports

Once you've become eligible for waiver services and have been allocated an individual budget range based on your LON, you will need to **think about the type of services you want** to purchase to accomplish the outcomes you have identified in your plan.

This section of the guide lists the supports and services that are available under the **Individual and Family Support Waiver and the Comprehensive Waiver**. Appendix A of this guide provides a more complete description of the different types of waiver services. Your case manager will help you to identify the waiver services that best meet the needs that are listed in your plan.

Remember, once approved by the PRAT, your **Individual Budget** will pay for these supports and services. It will be important to put together a support package that falls within your allocated budget. *Some types of supports and categories of service have limitations about how you can use them, so make sure you read the descriptions carefully and check with your case manager before making any commitments.*

Which waiver you are eligible for will depend on where you live and/or how much support you may need.



For More Information GO to the DMR Website at:

*<http://www.dmr.state.ct.us/HCBS/index.htm>
and SELECT*

The CT Department of Mental Retardation HCBS Waiver Manual

This manual provides detailed information on the service categories listed below. It also provides information on the funding, monitoring, and quality approval process. It also includes specific information on limitations for use of the funds.

Waiver Service Options

Services Available Under the Individual and Family Support Waiver:

- Individual Support Habilitation
- Personal Support
- Adult Companion
- Respite
- Personal Emergency System (PERS)
- Transportation
- Consultative Services (Behavior and Nutrition)
- Interpreter Services
- Family Training
- Specialized Medical/Adaptive Equipment
- Environmental Adaptations
- Vehicle Adaptations
- Family and Individual Consultation and Support (FICS)
- Group Day Services
- Supported Employment Services
- Individualized Day Services
- Residential Habilitation (Supported Living)

Services Available Under the Comprehensive Waiver (Effective October 2005):

- Supported Living
- Personal Support
- Adult Companion
- Respite
- Personal Emergency System (PERS)
- Transportation
- Consultative Services (Behavior and Nutrition)
- Interpreter Services
- Specialized Medical/Adaptive Equipment
- Environmental Adaptations
- Vehicle Adaptations
- Family and Individual Consultation and Support (FICS)
- Group Day Services
- Supported Employment Services
- Individualized Day Services
- Residential Habilitation (CLA and CTH)
- Assisted Living
- Individual Directed Goals and Services

The new **Comprehensive Waiver** includes many of the same in-home and community options as found in the IFS Waiver and continues to provide services out of the family home such as supports in Community Living Arrangements (CLA) and Community Training Homes (CTH) services. It also provides supports for Assisted Living.

As you can see, a very extensive set of services and supports is available through these two waivers. It is important to note, however, that there are a variety of special limitations and restrictions on the use of funds for the services and supports offered in this program. ***Therefore, it is very important to discuss any proposed plans with your case manager.***

Hiring Choices

Once you have identified the services that will best meet your needs, you and your family can **choose how you want to manage those services**.

In all cases, you can choose any qualified provider or vendor agency you want to deliver services and supports. Your case manager will assist you to find **qualified providers** in your area. DMR has established **rates for services**.

A rate for service is the amount the provider has agreed to accept as payment for the service. This makes it easier for you to plan and access the services you need. Depending on the option you select to manage your supports, you may also be able to negotiate a lower rate of payment for a service or decide how much to pay a staff person you hire directly.

You can choose from among a number of different options, including:

- **SELF-DIRECTION.** If you select this option, you become the employer of the people you choose to hire to provide supports to you. As the employer, you are responsible for the training, supervision, and management of the people you hire. This option **gives you the most control** over your supports but also the **most responsibility**. You are able to choose your own staff and have direct control over who works with you, their schedules, and their routines. In this
- model, you also decide how much to pay your staff and what benefits they receive. If you choose this option, you can also use up to \$500 per year of your budgeted amount to purchase non-waiver (state-funded) supports.
- **AGENCY WITH CHOICE.** Agencies with choice are agency vendors who agree to **hire the individual you choose** to provide services to you. This individual becomes an employee of the vendor agency and the agency agrees to help you train and manage that staff. The agency may also agree to negotiate the rate to be paid for the service or the wage to be paid to the staff person you want to hire.
- **VENDOR AGENCY.** A vendor agency is a traditional provider that is the **employer of the staff that will provide services** to you. DMR will use the funds that are allocated to you in your individual budget to pay the vendor agency at the established rates for service. The vendor agency is responsible for hiring, training, and managing the staff that support you.
- **OR,** you can use a **combination** of the above approaches to meet your individual needs.

Additional Supports

DMR has developed a variety of support systems that can **help you to manage the resources** you receive. These support systems are described below.

FISCAL INTERMEDIARY

If you hire your own staff, you will be required to use a **Fiscal Intermediary (FI)**. This service helps both you and DMR to manage individual budgets and helps people who choose to hire their own staff to manage all of the financial responsibilities of being an employer. This service is **funded by DMR and will not cost you anything** from your individual budget. You can choose from three Fiscal Intermediaries:

- Allied Community Resources, Inc.
- Public Partnerships, Inc.
- Remesa Sunset Shores, Inc.

You can contact your case manager for more information about the Fiscal Intermediaries.

more choices



"I never dreamed I could hire and fire my own staff, but I did it! And I'm so happy and proud of myself for doing this"

LAURA KATE SADLER, Consumer

CASE MANAGEMENT SUPPORT BROKERS

If you choose to hire your own staff, you can request the services of a **DMR Support Broker**. A support broker is a case manager who has a smaller size caseload, so that he or she has the time to provide you with both case management services and additional assistance needed to hire and manage your supports.

FAMILY AND INDIVIDUAL SUPPORT AND CONSULTATION (FICS) SERVICES

You also have the option to use funds from your individual budget to hire someone you choose to manage your resources and to help you with the hiring, training, and management of the people you hire. This can be a person that you hire directly, or a service you purchase from a qualified vendor. If you choose this option, you will continue to receive services from your assigned DMR case manager to make sure your Individual Plan is being implemented, and that you are satisfied with the supports that you are receiving.

Waiver Staff Qualifications

DMR has established standard requirements to make sure that any staff member that provides waiver services to you is able to provide you with safe, quality services. Whether you choose an agency vendor, an agency with choice, hire your own staff, or a combination of the above, any individual providing waiver services to you must meet established waiver service staff qualifications.

Understanding Staff Qualifications . . .

Method	Staff Qualifications and Requirements
AGENCY VENDORS AND AGENCIES WITH CHOICE	<p>Only agency vendors and agencies with choice that are on the DMR qualified vendor list can provide waiver services to you. A qualified agency vendor is a private agency or organization that has applied for and met criteria that DMR has established to assure standards of safety and quality service can be met.</p> <p>Your case manager/broker can provide you with a list of the DMR Qualified Agency Vendors and can help you to contact one of your choice. This list will also tell you whether a vendor is an agency with choice.</p> <p>The specific qualifications that agency vendors and agencies with choice have to meet are determined by the type of waiver service provided and by your Individual Plan. Your case manager or support broker can help you to identify the specific qualifications required for each service category, as outlined in the DMR Waiver Manual.</p>

Method

Staff Qualifications and Requirements

HIRING YOUR OWN EMPLOYEES

When you choose to become an employer and hire your own staff, you must ensure that each person that you hire meets the following qualifications.

- Be an adult 18 yrs. of age (16 yrs. for self-directed in-home respite, 21 yrs. for FICS and Supported Employment Services).
- Complete a **Criminal Background Check**.
- Pass a **DMR Registry Check**.
- Have the ability to **communicate effectively** with you/your family.
- Have the ability to **complete record keeping** as you (the employer) require.
- Demonstrate a good **understanding of DMR policies and procedures** on abuse/neglect; incident reporting; human rights; confidentiality; handling fire and other emergencies; prevention of sexual abuse; knowledge of approved and prohibited physical management techniques.
- Demonstrate **competence** in their role necessary to safely support you, as outlined in your Individual Plan.

If you choose to hire your own staff, your fiscal intermediary and your case manager can assist you to fulfill employee qualification and training requirements. Your case manager can also provide you with training materials to provide to your staff.

A Personal Story



Angie: Making Her Own Choices

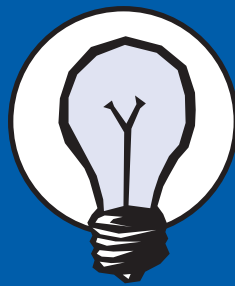
IN THE PAST: My name is Angie. Before I graduated, my case manager placed me with an agency, which I didn't like very much. The people at that agency didn't listen to me and I didn't get to do the kinds of things I like to do. I had to go to a day program where I had to do things I didn't like to do, and spend time with people who I didn't like. Then DMR gave me the opportunity to purchase supports in a new way. I was then able to create my very own day supports.

ANGIE'S CURRENT LIFE:

I now spend my day working with horses and learning how to handle them. I have a staff person, Wendy, who drives me there and back. My budget pays Wendy to provide Individual Support Habilitation and Transportation. I have an instructor there who is also the owner of the farm. He teaches me to work with the horses and lets me make my own mistakes. He stands beside me so I won't get hurt when the horses are around. I learn new things every week. He is a nice guy and he treats all of the horses like his own children.

When I am not at the farm, the rest of my time is occupied with other things. I take computer courses at Naugatuck Valley Community Technical College, I coach The Unified Team, I am a Special Olympics athlete, and I sit on DMR's Advisory Council. I have another staff, Stacey, who helps me with these activities. I use my Waiver budget funds to pay Stacey for her Adult Companion Services.

I use my own funds to pay for my recreation costs, to pay for my computer classes, and to pay for any other personal expenses that I may have.



SECTION 4

Assuring the Quality of Waiver Services

This section of the guide provides information on
Consumer Satisfaction.

It tells what you can do to enhance your
Individual Plan
and how

**DMR Policies, Procedures
and Administrative Processes**
help to ensure quality of your waiver services.

It also explains how the
DMR Quality Service Review
process works and how you can use your

Rights & Responsibilities
to obtain and keep the services that best meet your needs.

Consumer Satisfaction

It is important to regularly think about the quality of the services you are receiving and if you are satisfied with them.

You are the expert in what you need and what you expect from your services!

For you, quality might be:

- Your transportation shows up on time.
- Your personal care provider respects you in your home.
- Your case manager or support broker is available to help you understand the waiver application process.

Think about other examples of quality and what it means to you:

1. _____

2. _____

3. _____

4. _____

5. _____

There are a variety of ways that you can let people know whether or not you are satisfied with the supports and services you receive:

Provide Feedback

It is important that you provide feedback to the people who support you on an ongoing basis. If you are hiring your own supports, you will want to plan to do regular staff evaluations (every six months or so.) This can be a formal process, or can be done in a more informal manner. You can ask your case manager/support broker to help you do this. If you purchase services from a Vendor Agency, or from an Agency With Choice, you can also check to see if they will let you participate in the staff evaluation process for the person who provides services to you.

Case Management Quality Activities

You may be asked your opinion about how you feel about the quality of your services in a number of different ways. Your case manager will ask you some quality “probe” questions at least once a year, and for some people more often than that. Your case manager will also observe the people who are providing

your supports in each of your service settings and will complete a safety review, if you live in your own home or apartment.

Regional and Statewide Quality Activities

You may also be interviewed by quality monitors from the region or by Quality Service Review (QSR) team members from DMR Central Office. They may also observe the people who are providing your supports in each of your service settings. Whether or not this happens will depend upon the type of supports you receive and whether you are selected in our quality service review program sample selection process. Your case manager will provide you with detailed information ahead of time, if you are selected to participate in one of our regional or state quality assurance activities.

Quality Councils and Other DMR Committees

DMR has Quality Councils in each region of the state where individuals and families who receive services from DMR review and talk about the information collected through the various quality review activities. The Quality Councils also make recommendations about what the department could do to improve services and supports. Members of the Quality Councils may also participate in some quality visits themselves to get a firsthand look at how services are working for you and your family. You

can let the Quality Council members in your region know how you feel about DMR supports and services.

If you are a person who needs help managing your behavior so that you do not hurt yourself or others, DMR also coordinates two other committees that can help ensure that you have effective quality supports. The **Program Review Committee**, or PRC, is responsible to review any behavior program that may restrict your rights or include medication that might be harmful to you unless used in the right way. A **Human Rights Committee**, or HRC, is also in each region. This committee is made up of individual, family, provider, and community members who make sure that DMR or providers do not restrict any of your rights as a citizen unless absolutely necessary to keep you or others safe.

more choices



"I let my support staff know what I like and what I don't like. I know what works best for me. I like being in charge of making sure I get good quality services!"

VARIAN SALTERS, Consumer

Your Individual Plan

Our **Quality Management** system begins with a person-centered, individual planning process.

You can help ensure that you have good quality supports and services by making sure your **Individual Plan (IP)** includes all of the ideas and components of a good quality plan that are described below:

YOUR PARTICIPATION IN THE PLAN

A good quality IP will identify all of the supports you need to ensure that you can be an active, effective participant in the planning process. This is important so that over time you can improve your ability to communicate your needs and wants and increase your ability to make sure your individual planning meetings happen the way you want them to happen.

PROFILE INFORMATION

The profile section of the IP describes who you are and what is most important to you. Examples of information that can be included in the profile section of a plan are things like: important information about your past; your accomplishments, strengths, and preferences; descriptions of your typical

day, school, work and leisure routines; important relationships; health and wellness information; information about choice and decision-making skills; financial information; and any other information that you want known about yourself. This section of the plan should be very thorough, so that people will understand what is most important to know about you.

FUTURE VISION INFORMATION

The future vision section of the IP includes a description about your hopes and dreams for the future. This section of the plan helps others to learn about what you want to accomplish in one to three years and will help you to prioritize what you want to accomplish in the next year. To help you create a vision of the future that meets your deepest dreams and desires, your planning team members should have high expectations for you and should help you to have new experiences, take reasonable risks, and learn about new opportunities.

“Quality begins with a good plan . . .”

ASSESSMENTS (CURRENT & NEEDED)

The assessment section of the IP includes current assessment information and identifies additional assessments needed to help you attain what you want to achieve. A good assessment report provides detailed information about your needs and how to address those needs in a way that helps you understand how implementation of the recommendations in the report will help you move closer toward attaining your dreams. Good assessments are timely, thorough, easy to understand, and are shared and explained to you prior to your planning meeting. The assessment section of the individual plan includes a health and safety screening. Your case manager can provide you with a copy of this tool.

THE ACTION PLAN

A quality action plan includes information about what you want to achieve; it identifies needs to be addressed; it provides a list of the action steps that need to be taken to address identified needs and to achieve your desired outcomes or goals; it lists the persons responsible for taking the actions identified; and it tells when the action will be completed. Quality action planning encourages creative thinking and allows ample time for brainstorming. Quality action plans also make sure that

the actions taken on your behalf balance what is important to you (desired outcomes) and what is important for you (addressing areas of need). Quality action plans also include actions that you volunteer to take responsibility for. This will help you to feel ownership and equality in the planning process.

SUMMARY OF INDIVIDUALS/AGENCIES WHO WILL PROVIDE SUPPORT

This section of the IP lists each type of service identified in your plan, including waiver services. For each service listed, it also identifies who provides the support or service, the amount (hours) of service provided, and how often the service is provided. A quality plan makes a clear connection about how the provision of a waiver service will help you to address your goals or needs.

SUMMARY OF MONITORING AND EVALUATION OF PLAN

This part of the IP describes what team members will do to ensure that the action plan is being implemented as designed and that progress is being made toward meeting your needs and achieving your goals. It also includes a clear description of how often your case manager will contact you about the individual plan.

Your Individual Plan, CONTINUED

PLAN DEVELOPMENT AND APPROVAL

Attendance at the planning team meeting must be documented in your plan. The IP must note the names of the people who attended the meeting, the relationship of these individuals to you, and whether or not you approve the plan. It is not necessary for everyone attending the meeting to approve the plan. However, a quality plan will note when a team member disagrees with decisions that have been made. The plan will also list the actions that will be taken to work toward team agreement. There are times when people who could not attend the meeting will want to review then plan. This may also be noted on this form.

INDIVIDUAL, FAMILY, GUARDIAN, OR ADVOCATE INVOLVEMENT IN THE PLAN

DMR wants you, your family members, and guardians to be active members of your individual planning process. Successful plans tell what your team members did to assist you to actively participate and what changes are needed so that your participation is even better in the future. If you do not have very many people involved in your planning process, your plan should also identify ways that you can meet and form relationships with new people who at some point may want to be involved in your planning process.

PERIODIC REVIEW OF THE PLAN

How often a plan needs to be reviewed depends upon the type of services that are being provided to you. If you have a lot of change happening in your life (for example, moving to a new community, serious health problems, or after the loss of an important person in your life), you may need to have your plan reviewed every three months. If you have a very stable life, you may only need to have your plan reviewed every six months. Quality plans are reviewed as often as you and your planning team members feel necessary.

PLAN FOLLOW-UP

Your case manager is responsible for making sure that everyone follows-up with what they are supposed to do in the action plan section of your plan. Follow-up of individual plans can also include activities such as making referrals for services or for additional assessments, reviewing action plan implementation, doing quality probe checks, and revising the plan as needed. Implementation of quality plans means doing “whatever it takes,” to help you address your needs and reach your dreams.

A plan designed

Important DMR Policies and Procedures

Some **Important Policies and Procedures** that directly impact waiver services that you should know about include the following:

INCIDENT REPORTING FOR PEOPLE WHO LIVE IN THEIR OWN OR FAMILY HOMES

This process requires that you or your support staff report information to your case manager about the following incidents if they happen when staff are with you: severe injuries or death, unexpected hospitalizations, if you are lost or missing and the police have been notified, if a fire started and needed to be put out by the fire department, if you are arrested, if you are a victim of theft or a physical assault, if you are involved in a vehicle accident and have a moderate or severe injury, or if you need to be restrained. DMR will use information about critical incidents to make sure that whatever happened has been taken care of as best as possible, and to see if there are things DMR could do to prevent new incidents in the future. Agencies also must report incidents to DMR if they occur while at a day, vocational or residential setting.

UTILIZATION REVIEW

If the DMR Region agrees that you need more services than are currently available to you based on your Level of Need, it will have to be reviewed by a statewide committee to ensure that this decision is consistent with others who have situations similar to yours in other regions. DMR is doing this make sure that we treat everyone fairly and use DMR funds wisely so more people can get supports.

FAIR HEARING RIGHTS

Everyone who is enrolled in a waiver or wants to enroll in one has the right to appeal decisions DMR makes. That is called, Fair Hearing Rights. DMR will send you official notice if a service is denied or reduced by the Central Office and it will include a form to ask for an appeal. The Department of Social Services (DSS) will hold the hearing and make the final decision. DSS is the Medicaid agency for Connecticut.

You should know about some other processes and paperwork documentation requirements. Application of these will vary depending upon the types of services you select and the methods for managing them.

just for you . . .

Important DMR Policies and Procedures, CONTINUED

Other Processes and Paperwork You Should Know About

<i>Type of Services</i>	<i>Required Documentation</i>
ALL WAIVER SERVICES	<ul style="list-style-type: none">• Individual Budget• Individual/Family Agreement with Vendor• Waiver Service Verification Record• Provider Qualifications and Training Verification Record
ADMINISTRATIVE SUPPORTS	<ul style="list-style-type: none">• Waiver Service Rates• Costs Standards
SELF-DIRECTED SUPPORTS	<ul style="list-style-type: none">• Individual Service Agreement• Individual/Family Agreement with Vendor• Provider Qualifications and Training Verification Record• Timesheets and Service Notes



All of the required forms and paperwork are available from your case manager or support broker. They can also be downloaded and printed from the DMR website by going to:

<http://www.dmr.state.ct.us/HCBS/index.htm>

Quality Service Review

Whether you are using a Qualified Agency Vendor, an Agency With Choice, or are hiring your own supports, the department regularly reviews all providers in a formal process called **Quality Service Review**.

Your case manager and the Regional Quality Review Team will be involved in the quality review for your provider(s).

They will be gathering information in several ways, which may include:

- Interviewing you and your family.
- Interviewing your support staff.
- Observing your support staff while they provide you with supports.
- Looking at documentation of the work your support staff has done (time sheets, daily logs, etc.).
- Conducting a Safety Review.

The **Quality Review Team** will develop recommendations as part of the service review. These recommendations may include:

QUALITY IMPROVEMENT PLAN.

A plan that is developed with the Vendor Agency or Agency With Choice in areas where the services are acceptable but could be made better by doing the things that are outlined in the Quality Improvement Plan.

CORRECTIVE ACTION PLAN.

A plan that is developed if the Vendor Agency or Agency With Choice is found

to be putting individuals' health or safety at risk. This plan will tell the provider what the problem is, what they need to do to correct the problem, and when it needs to be done.

EMPLOYER QUALITY ACTION PLAN.

If you employ individuals directly, you may be asked to complete an Employer Quality Action Plan. This plan may include things you can do to improve the services being provided by your employees and/or things that need immediate corrective action. Your case manager or support broker will work with you to help you to respond to a request to complete an Employer Quality Action Plan.

If corrective actions are required following a Quality Service Review, Quality Review Team members will continue to visit and work with the agency vendor or with you until the identified area of concern is resolved.

If an agency vendor does not resolve the identified area of concern in an acceptable way, the agency vendor might be "de-certified". This means they cannot provide services to you anymore. If this happens, our department has systems in place to help you to get another vendor quickly.

If you, as the employer, do not resolve the identified area of concern in an acceptable way, you might be notified that you can no longer use waiver funds to hire and pay your employees. If this happens, your case manager or support broker will help you to get the supports and services you need from an agency vendor.

Rights and Responsibilities

As someone who is receiving HCBS Waiver Services, you have some **Basic Rights and Responsibilities**.

Your Rights

YOU HAVE THE RIGHT TO:

- Be safe
- Be treated with respect
- Have your service options explained to you in a way you understand
- Express your personal desires
- Privacy
- Be free of physical and mental abuse
- Speak up and complain if you don't like something without consequences
- Be informed if there are changes that affect you
- Appeal a decision about your service options.

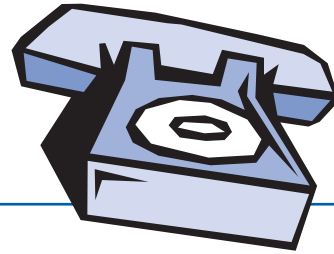
Your Responsibilities

YOU ARE RESPONSIBLE FOR:

- Being actively involved in developing your Individual Plan
- Letting your case manager know if your situation changes (e.g. you moved, or you are no longer eligible for Medicaid, your support needs change)
- Respecting others, as you want to be respected.

Know exactly what you need to do . . .

Make a phone call . . .



If you do not agree with service decisions made by DMR, there are a number of ways you can have a decision reviewed.

If you do not agree, you can:

- **REGIONAL OFFICE**
Call your Regional Office and ask to have a Supervisor or Assistant Regional Director review your concerns
- **PROGRAMMATIC ADMINISTRATIVE REVIEW**
Request a Programmatic Administrative Review (PAR) by the Regional Director
- **FAIR HEARING REQUEST**
Complete and return a Fair Hearing Request through DSS if one is sent to you when a decision is made about waiver services you wanted
- **INDEPENDENT DMR OMBUDSPERSON**
Contact the Independent DMR Ombudsperson at:
(860) 418-6047 (Hartford) (866) 737-0331 (Toll Free)

Your case manager can help you arrange these options if needed. We want decisions to be fair and equitable so talk to someone if you have a dispute with DMR.

A Personal Story



Ben: Maintaining the Life He Chooses

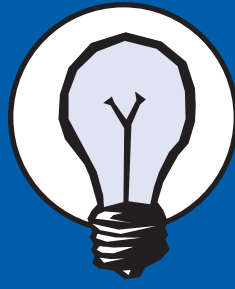
IN THE PAST: Ben and his sister have always lived at home. Both Ben and his older sister have mental retardation and have lived in the family home with their mother for over 50 years. This living situation gave everyone in the family much comfort. Sadly, last year Ben's mother developed a sudden illness and died shortly thereafter. Ben's cousins have always been close to his family and wanted to help Ben and his sister, but they live a two-hour drive away and were not able to provide the level of daily support that they both need. Ben (who has more support needs than his sister) was sure that he did not want to move to a group home, away from his sister and with people that he did not know.

BEN'S CURRENT LIFE:

With support from his planning and support team members, which consisted of family, friends, and his DMR case manager/broker, Ben and his sister have been able to move to a single family home closer to their cousins. Their cousins help with maintenance of the home, and life planning, and they have hired a live-in support provider to help with personal care, cooking, upkeep of the house, and recreation.

Now, at age 60, Ben, continues to let people know what he likes and doesn't like and continues to rely on his successful Individual Planning Team to help him plan and prepare for his future.

The DMR Quality System Review helps to make sure Ben is safe and healthy in his home and is satisfied with his life and with the supports and services he receives.



APPENDICES

Helpful Resources

Appendix A

Waiver Service Descriptions

Appendix B

*Fact Sheets, Internet Sites
and Other Resources*

Appendix C

Frequently Asked Questions

Appendix D

Frequently Used Acronyms

Appendix A: Waiver Service Descriptions

IFS Waiver Services

<i>Service Category</i>	<i>Description</i>
INDIVIDUAL SUPPORT HABILITATION (IS)	Includes instruction and training in one or more areas to help you live in your own home, a family home, or to be able to access the community. For example: mobility training, help with following special diets or therapy regimens, tutoring in reading or math skills to help with banking, shop-ping, budgeting, assistance from support staff so you can take a continuing education class. The waiver CANNOT pay for the actual costs of the class or college course, or associated membership fees.
PERSONAL SUPPORT	Assistance in activities of daily living, including any supervision that you might need. For example: personal care, eating and meal preparation, shopping, accessing community activities, housekeeping, lawn care and snow removal if needed. With approval from DMR, family members can provide this service, with certain restrictions.
ADULT COMPANION	Supervision, socialization and non-medical care. For example: companionship to attend social activities. This category can include supervision of light housekeeping tasks, but housekeeping should not be for more than 20% of the time worked.
RESPIRE	Services for people who cannot care for themselves, to provide relief to the people who normally provide the care. For example: several hours of in-home respite, attendance at an approved respite/camp. With approval from DMR, family members can provide this service, with certain restrictions.

IFS Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
PERSONAL EMERGENCY SYSTEM (PERS)	Includes a portable "Help Button" to wear in your home. In case you need help, you can push the button and a response center will be contacted. This is a good support if you are often alone at home for long periods during the day or night.
TRANSPORTATION	Services to allow you to access your community, as outlined in your Individual Plan. For example: transportation to and from a day program, travel for shopping or recreation. With approval from DMR, family members can provide this service, with certain restrictions.
CONSULTATIVE SERVICES	Therapy services from professionals to help you or your support staff meet the goals in your Individual Plan. This is for professional supports not paid for by Medicaid. For example: consultation from psychologists, nutritionists, counselors, or behavior management specialists. This category is limited to \$1,200 per year. This amount can be increased with prior approval.
INTERPRETER SERVICES	Services for people who are deaf or hard of hearing, or for a person who does not understand spoken English. For example: interpretation at community activities or during a training session. These services can only be delivered in a person's home or in a community setting that is described in your Individual Plan.

Appendix A: Waiver Service Descriptions, CONTINUED

IFS Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
FAMILY TRAINING	Training and counseling services for your family. For example: training on the use of specific equipment that you need in order to live at home. This service cannot be used to train family members who you are employing to provide personal services to you.
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES	This category includes equipment and supplies that are in your Individual Plan but are not paid for by Connecticut's Medicaid State Plan. For example special switches, items necessary for life support, equipment to ensure the proper functioning of such items (e.g. fans, air conditioners), and durable and non-durable medical equipment. There is a limit of \$750 per year. This amount can be increased to \$3000 over three (3) years with prior approval from DMR.
ENVIRONMENTAL ADAPTATIONS	Physical modifications to your home that are necessary to allow you to live at home and that ensure your health, safety, and welfare. For example: installing ramps, grab bars or modifying your bathroom. There is a limit of \$10,000 over the three-year term of the waiver. Waiver funds cannot be used to pay for home modifications that are not of direct benefit to the person that is served such as new roof or central air conditioning.
VEHICLE ADAPTATIONS	Modifications to the vehicle that is your primary means of transportation and that is designed to improve your ability to access your community. For example: wheelchair lift, grab bars, tie downs. There is a limit of \$10,000 over the three (3) year term of the waiver. The waiver cannot pay leasing costs for a vehicle.

IFS Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
FAMILY AND INDIVIDUAL CONSULTATIVE TRAINING (FICS)	A special service that can be purchased by individuals and/or families who choose to self-direct their supports. This includes help with managing the individual budget, training on how to hire, manage and train staff; developing an emergency back up plan; or self-advocacy training. To be eligible for funding, this service cannot be provided by the individual or agency providing other supports, a guardian, or an immediate relative (mother, father, sibling).
GROUP DAY SERVICES	Includes Sheltered Workshop and Group Day Support Options. These services are provided in a facility-based program that focuses on developing meaningful skills in the area of employment, socialization, and community participation. These services can only be provided by a vendor that is enrolled with DMR.
SUPPORTED EMPLOYMENT SERVICES	Supports to help you work as a paid employee in a work place that also employs people without disabilities. For example: help with deciding where to apply, help looking for work, and/or job coaching. Includes Individual or Group Supported Employment Services. This service is designed to provide support and supervision but is not intended to provide ongoing long-term 1:1 support to help a person complete their work activities.
INDIVIDUAL DAY SUPPORT	Includes services to help you gain or maintain skills so you can meet your own personal goals for meaningful participation in your work, leisure, or community activities. For example: help with independent functioning skills, developing

Appendix A: Waiver Service Descriptions, CONTINUED

IFS Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
INDIVIDUAL DAY SUPPORT, CONTINUED	relationships, exploring job interests or retirement options. This service can also provide funds for personal support staff for individuals who have their own business and need direct support in order to maintain it. However, it cannot pay for other items that are required for the business. With prior approval from DMR, family members can provide this service, with certain restrictions.
RESIDENTIAL HABILITATION (SUPPORTED LIVING)	Help in your home to develop or maintain skills in activities of daily living. For example: training and supervision in personal grooming, household chores, social skills, mobility training, adaptive communication, banking and shopping. This is a contracted service for people who live in their own homes and receive this support from a Supported Living Agency. These services can only be provided by a vendor that is enrolled with DMR. It cannot be used in combination with Respite, Individual Support Habilitation, Personal Support, or Adult Companion Services.
SUPPORTED LIVING	Includes a combination of instruction, training and personal support in one or more areas to help you live in your own home. This service provides periodic assistance, a few hours a day, week or month. Examples of the support include help with following special diets or therapy regimens, tutoring in reading or math skills to help with banking, shopping, budgeting, and help with managing your health care.

Comprehensive Waiver Services

<i>Service Category</i>	<i>Description</i>
PERSONAL SUPPORT	Assistance in activities of daily living, including any supervision that you might need. For example: personal care, eating and meal preparation, shopping, accessing community activities, housekeeping, lawn care and snow removal if needed. With approval from DMR, family members can provide this service, with certain restrictions.
ADULT COMPANION	Supervision, socialization and non-medical care. For example: companionship to attend social activities, or to stay with you at home. This category can include supervision of light housekeeping tasks, but housekeeping should not be for more than 20% of the time worked.
RESPIRE	Services for people who cannot care for themselves, to provide relief to the people who normally provide the care. For example: several hours of in-home respite, attendance at an approved respite/camp. With approval from DMR, family members can provide this service, with certain restrictions.
PERSONAL EMERGENCY SYSTEM (PERS)	Includes a portable "Help Button" to wear in your home. In case you need help, you can push the button and a response center will be contacted. This is a good support if you are often alone at home for long periods during the day or night.
GROUP DAY SERVICE	Includes Sheltered Workshop and Group Day Support Options. These services are provided in a facility-based program that focuses on developing meaningful skills in the area of employment, socialization, and community participation. These

Appendix A: Waiver Service Descriptions, CONTINUED

Comprehensive Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
GROUP DAY SERVICE, CONTINUED	services can only be provided by a vendor that is enrolled with DMR.
SUPPORTED EMPLOYMENT SERVICES	Supports to help you work as a paid employee in a work place that also employs people without disabilities. For example: help with deciding where to apply, help looking for work, and/or job coaching. Includes Individual or Group Supported Employment Services. This service is designed to provide support and supervision but is not intended to provide ongoing long-term 1:1 support to help a person complete their work activities.
INDIVIDUALIZED DAY SUPPORT	Includes services to help you gain or maintain skills so you can meet your own personal goals for meaningful participation in your work, leisure, or community activities. For example: help with independent functioning skills, developing relationships, exploring job interests or retirement options. This service can also provide funds for personal support staff for individuals who have their own business and need direct support in order to maintain it. However, it cannot pay for other items that are required for the business. With prior approval from DMR, family members can provide this service, with certain restrictions.
TRANSPORTATION	Services to allow you to access your community, as outlined in your Individual Plan. For example: transportation to and from a day program, travel for shopping or recreation. With approval from DMR, family members can provide this service, with certain restrictions.

Comprehensive Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
CONSULTATIVE SERVICES	Therapy services from professionals to help you or your support staff meet the goals in your Individual Plan. This is for professional supports not paid for by Medicaid. For example: consultation from psychologists, nutritionists, counselors, or behavior management specialists. This category is limited to \$1,200 per year. This amount can be increased with prior approval.
INTERPRETER SERVICES	Services for people who are deaf or hard of hearing, or for a person who does not understand spoken English. For example: interpretation at community activities or during a training session. These services can only be delivered in a person's home or in a community or work setting that is described in your Individual Plan.
FAMILY AND INDIVIDUAL CONSULTATIVE TRAINING (FICS)	A special service that can be purchased by individuals and/or families who choose to self-direct their supports. This includes help with managing the individual budget, training on how to hire, manage and train staff; developing an emergency back up plan; or self-advocacy training. To be eligible for funding, this service cannot be provided by the individual or agency providing other supports, a guardian, or an immediate relative (mother, father, sibling).
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES	This category includes equipment and supplies that are in your Individual Plan but are not paid for by Connecticut's Medicaid State Plan. For example special switches, items necessary for life support, equipment to ensure the proper functioning of such items (e.g. fans, air conditioners), and durable

Appendix A: Waiver Service Descriptions, CONTINUED

Comprehensive Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES, CONTINUED	and non-durable medical equipment. There is a limit of \$750 per year. This amount can be increased to \$3,000 over three (3) years with prior approval from DMR.
ENVIRONMENTAL ADAPTATIONS	Physical modifications to your home that are necessary to allow you to live at home and that ensure your health, safety, and welfare. For example: installing ramps, grab bars or modifying your bathroom. There is a limit of \$10,000 over the three-year term of the waiver. Waiver funds cannot be used to pay for home modifications that are not of direct benefit to the person that is served such as new roof or central air conditioning.
VEHICLE ADAPTATIONS	Modifications to the vehicle that is your primary means of transportation and that is designed to improve your ability to access your community. For example: wheelchair lift, grab bars, tie downs. There is a limit of \$10,000 over the three (3) year term of the waiver. The waiver cannot pay leasing costs for a vehicle.
INDIVIDUAL DIRECTED GOODS AND SERVICES	Services, equipment or supplies that will provide direct benefit to the individual and support specific outcomes identified in the Individual Plan. The service, equipment or supply must either reduce the reliance of the individual on other paid supports, be directly related to the health and/or safety of the individual in his/her home or in the community, be habilitative in nature and contribute to a therapeutic goal, enhance the individual's ability to be integrated into the community, or provide resources to expand self-advocacy skills and knowledge, and, the individual has no other funds to purchase the described goods or services.

Comprehensive Waiver Services, continued

<i>Service Category</i>	<i>Description</i>
INDIVIDUAL DIRECTED GOODS AND SERVICES, CONTINUED	Examples include but are not limited to cleaning services, specialized clothing for work or safety for the individual, public speaking training, and specialized therapies. Experimental and prohibited treatments are excluded. This service is only available for individuals who self-direct his/her own supports, and must be pre-approved by DMR and follow DMR Cost Standards. This service may not duplicate any Medicaid State Plan service.

Appendix B: Fact Sheets, Internet Sites & Other Resources

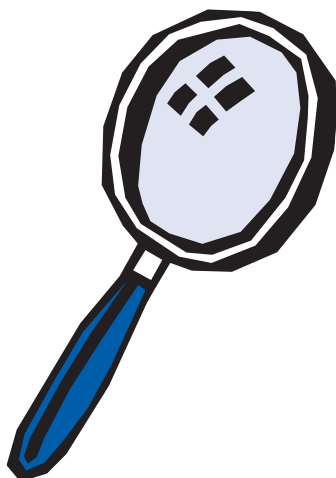
Many of the resources listed below are from the DMR Website: **www.dmr.state.ct.us**, or can be obtained from your case manager.

You can also ask your case manager/ support broker for printed copies of these fact sheets and other resources.

<i>Category</i>	<i>Resource</i>
DMR ELIGIBILITY:	Eligibility Fact Sheet http://www.dmr.state.ct.us/eligible.htm
HCSB WAIVERS:	DMR HCBS Waiver Manual (LINK PLUS APPENDICES) http://www.dmr.state.ct.us/HCBS/index.htm HCBS Waiver Fact Sheet http://www.dmr.state.ct.us/HCBS/index.htm
SELF DETERMINATION AND PERSON CENTERED PLANNING:	Self Determination Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_sdo.pdf Person Centered Planning Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_pcp.pdf

Appendix B: Fact Sheets, Internet Sites & Other Resources, CONTINUED

<i>Category</i>	<i>Resource</i>
SELF DETERMINATION, AND PERSON CENTERED PLANNING: CONTINUED	<p>It's My Choice . . . by William T. Allen, Ph.D. (2002) www.allenshea.com</p> <p>A Decision-Making Guide Developed for the Minnesota Governor's Council on Developmental Disabilities www.mncdd.org</p>
HIRING AND MANAGING YOUR OWN SUPPORTS:	<p>DMR Registry Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_registry.pdf</p> <p>Hiring and Managing Your Own Supports Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hiring.pdf</p> <p>Using a Fiscal Intermediary Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_fiscalint.pdf</p> <p>Criminal History and Background Check Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_crimhis.pdf</p> <p>Workers Compensation and Liability Insurance Fact Sheet http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_empsafety.pdf</p> <p>Waiting List Settlement Agreement http://www.dmr.state.ct.us/WLSettlement.htm</p> <p>Employee Recruitment Website http://www.rewardingwork.org</p>



Appendix C: Frequently Asked Questions



Children's Services

Q *Can children receive waiver services?*

A Children under age 3 are not eligible for DMR HCBS Waiver services. Children between the ages of 3-7 who have a developmental disability and a strong likelihood that the developmental disability will result in Mental Retardation may be enrolled in the IFS Waiver when resources are available. When IQ testing is completed, if it is found that the child does not have Mental Retardation, he or she will be removed from the waiver at that time and services would be discontinued. Children with mental retardation who need waiver services to remain with their families, or whose families need supports, can get them through the waivers based on available funding and urgency or need.

Eligibility

Q *Can individuals who have been determined eligible for DMR supports through an administrative hearing be enrolled in the waivers?*

A Yes. Individuals who are found eligible for DMR services through an administrative eligibility hearing are eligible for DMR waivers.

Enrollment

Q *Is there any difference in the process of enrollment for the IFS and Comprehensive Waivers?*

A No, the process is the same.

Appendix C: Frequently Asked Questions, CONTINUED

Funding

Q *Are one-time or emergency funds available, if needed?*

A Individuals who are enrolled in a waiver should have access to emergency temporary supports as best as the region can provide. All department supports provided to individuals on waivers should be provided with waiver services, as much as possible. Temporary support decisions can be made outside of PRAT with a notification to PRAT; however, ongoing needs should be referred to PRAT.

High School Graduates

Q *Will all high school graduates be required to enroll in the IFS waiver?*

A Yes. If you need residential or extensive in-home supports as well, you may be enrolled in the Comprehensive Waiver.

Hiring Staff

Q *Can I use my individual budget to pay my family member to be my service provider?*

A Sometimes. Waiver funds cannot be used to pay for services that a family member would ordinarily provide in a family (for example, personal support of a minor child by his or her parent, or personal support provided by a spouse). Waiver funded services are not supposed to replace supports that you are already getting from and are typically provided by family members who live with you.



Hiring Staff, CONTINUED

Q *Can I hire DMR staff to provide my waiver services on his or her time off?*

A Yes, in some cases. When DMR staff are asked by an individual or family to provide supports, the DMR employee should notify his or her supervisor and the regional Human Resources Director to ensure any potential ethics issues are addressed.

Individual Budget

Q *Can I use my individual budget to purchase a computer or to pay for schooling?*

A School tuition is not a waiver service, though in some cases, may be funded with the allowable state money if you are self-directing. A computer may be allowable if it is for learning skills or language for example. This will need to be reviewed before you can buy one with waiver funds.

Q *What happens if I do not spend all the money in my budget?*

A Funds may only be used to purchase supports and services, which are authorized in the Individual Plan and budget through established processes. A request may be submitted to use unspent funds to meet another need that an individual has or the unspent funds may be re-allocated to meet the needs of other individuals.

Q *Are the individual funds I receive from the waiver taxable income to my family or me?*

A No. Waiver funds are not taxable income, nor will any funds be given to you or your family member in the form of cash. Individual budget funds may be used to purchases supports and services you need. All payments for these services will be made by a fiscal intermediary.

Appendix C: Frequently Asked Questions, CONTINUED

Level of Need

Q *What can I do if I disagree with the Level of Need assigned to me?*

A You can ask that the PRAT review the results of the assessment again, or re-consider the initial funding amount through your case manager. If DMR denies you a waiver service because of your Level of Need, then you will be provided information about how to appeal the decision through DSS.

Portability

Q *Does my individual budget stay the same if I move from one DMR Region to another? Can I transfer my individual budget funds if I move to another state?*

A Your budget remains the same if you move from one region to another, unless your needs have also changed. Waiver funds cannot be used in another state unless the provider is also enrolled in the Connecticut DMR waiver program. If you move to another state, DMR will talk with your new state about helping to make the transition, but is not required to provide any service or supports if you are not a resident of Connecticut.

PRAT: Planning & Resource Allocation Team

Q *Why does my budget have to go back to DMR to be approved? Wasn't it already approved by the PRAT?*

A Budgets that are within the original range that was approved by PRAT will be submitted to the DMR Resource Manager, or designee. This person reviews the budget to make sure that it is correct and complies with DMR procedures and will authorize release of funds to your Fiscal Intermediary. The PRAT review is to be sure all the forms are right to complete a waiver application.



Rights & Responsibilities

Q *Is there a right to appeal if an individual or family does not want to move to the IFS Waiver?*

A Individuals will be administratively assigned to the appropriate waiver based upon the person's specific waiver eligibility, either the IFS Waiver or the Comprehensive Waiver. Individuals will be notified of the move and the services and supports will remain the same as they were. Because there is no change in the services, there is not anything to appeal. If an individual later wants the service package available in the Comprehensive Waiver, they may request transfer to that waiver, and if denied, then will be offered the right to appeal per Medicaid policies.

Staff Qualifications

Q *Do family members that I hire to deliver a waiver service have to be qualified vendors?*

A Family members will have to meet the same provider qualifications as those who are hired by agency vendors, such as demonstrating competence in DMR policies, age requirements, etc. Your Fiscal Intermediary will provide a list of requirements to you.

Q *Can a private individual be enrolled as a qualified vendor to provide transportation?*

A Yes.

Q *How do I provide the training that is required by DMR to my employees?*

A DMR requires that your staff know what some basic policies are and what to do to meet them, and know enough about your needs to safely support you. This can be done by reading and asking questions about DMR policies, having family members teach staff how to best work with you if you hire your staff directly, or going to a training session. Your case manager/support broker may

Appendix C: Frequently Asked Questions, CONTINUED

Staff Qualifications, CONTINUED

be able to assist you in finding sessions or materials that will provide your employee with the necessary training. You can choose to hire Family and Individual Consultation and Supports (FISC) Services to help you with staff training as well.

Support Brokers

Q *Do only people who hire their own staff get support brokers? Can I request a support broker if I feel I need more help than my case manager can give me?*

A Only people who hire their own staff can have a DMR broker. People enrolled in the waiver have case managers with small caseloads so they should have the time to help you. If you need more help, the case manager can talk to their supervisor to get some assistance with what you might need as well.

Support and Services

Q *Can I be authorized to start receiving a service before appropriate Medicaid Waiver paperwork is completed?*

A No.

Q *Why isn't camp listed as a waiver service?*

A Camp is not a waiver service. Some camps may qualify as a Respite service.

Waiting List



Q *Can I still be on the Waiting List if I receive waiver funding?*

A You will be taken off the Waiting List when you are enrolled in the Comprehensive or IFS Waiver. If you receive IFS Waiver services, you can request to be on the Planning List if you will want to be considered for out of family home placement in the future. For example, you and your family may want to have you still live with your family, but need some of the waiver services to help you live there, to have supports to enjoy other activities in the community, or to provide your family some help with your support. Older caregivers are sometimes concerned that if they accept waiver services to assist with supporting their adult child at home now they will “lose their place” for the request for out of home placement later. In fact, the planning list will continue to provide the department with that information. Those families should inform the department as soon as possible when they have decided that an out of home service would now be considered so we can plan ahead. Those requests will be given higher priority given the age of the caregiver.

Appendix D: Frequently Used Acronyms

DMR:	Department of Mental Retardation
CLA:	Community Living Arrangement
CTH:	Community Training Home
DSS:	Department of Social Services
FI:	Fiscal Intermediary
FICS:	Family & Individual Consultation Service
HCBS:	Home and Community Based Services
HRC:	Human Rights Committee
LON:	Level Of Need
ICF/MR:	Intermediate Care Facility/Mental Retardation
IP:	Individual Plan
PAR:	Programmatic Administrative Review
PRAT:	Planning Resource Allocation Team
PRC:	Program Review Committee
QSR:	Quality Service Review



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